

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000084204 (2)

1. Corporation Name

A PLUS COMPUTER CABLING INC.

Principal Place of Business

953 HARBOR INN DRIVE
CORAL SPRINGS FL 33170

Mailing Address

953 HARBOR INN DRIVE
CORAL SPRINGS FL 33170

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1996

4. FEI Number

65-0702837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

21 3194 Coral Lake Lane

Suite, Apt. #, etc.

22 City & State

23 Coral Springs FL

24 Zip

33065

25

Country

USA

2a. Mailing Address

26 P.O. Box 770283

Suite, Apt. #, etc.

27 City & State

28 Coral Springs FL

29 Zip

33077

30

Country

USA

9. Name and Address of Current Registered Agent

BARBOSA, JESUS
953 HARBOR INN DRIVE
CORAL SPRINGS FL 33170

10. Name and Address of New Registered Agent

81 Name

JESUS BARBOSA

82 Street Address (P.O. Box Number is Not Acceptable)

3194 Coral Lake Lane

83

84

Coral Springs

FL

85

Zip Code

33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

JESUS BARBOSA

JESUS BA

4-11-98

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

0

☒ DELETE

NAME

WHIPPLE, MELANIE

STREET ADDRESS

953 HARBOR INN DRIVE

CITY-ST-ZIP

CORAL SPRINGS FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☐ Change

☒ Addition

1.2 NAME

JESUS BARBOSA

1.3 STREET ADDRESS

3194 Coral Lake Lane

1.4 CITY-ST-ZIP

Coral Springs FL 33065

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JESUS BARBOSA

4-11-98

954 255-1572

CR2E034 (10/97)